U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11862	2. Fiscal Year Covered From:
······································	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KEVIN L COTTER	Name PLUMBERS UNION LOCAL NO. 12
S. с 2003 року проводно дена (18 го 19 го простоя на 18 м. н. в.). Висто с от начина простоя по пр	Labor Organization File Number 005674
P.O. Box, Bldg., Room No., if any 24	P.O. Box, Building and Room Number, if any 1240
Street RAWSON ROAD	Street MASSACHUSETTS AVENUE
City QUINCY	City BOSTON
State Massachusetts ZIP Code + 4 02170	State Massachusetts ZIP Code + 4 02125
Enter appropriate data below if, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
Enter appropriate data below if during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):  derived income or other economic benefit of clon represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exci A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):  derived income or other economic benefit of clon represents or is actively seeking to represent.
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Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the excit A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):  derived income or other economic benefit of clon represents or is actively seeking to represent.
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Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the excit A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ouse or minor child directly or indirectly had any of the following interests inside the following interests derived income or other economic benefit of clion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
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15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the line had the
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
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Signed

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On 8/12/05

# 617 - 472 - 1205 Telephone Number

Name of Person Filing KeVIN COTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer
Street MASSACHUSETTS AVENUE	, <del></del>
City BOSTON	
State Massachusetts ZIP Code +4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing \$5  12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing KEVIN COTTER	File Number U-	
3. Held an interest in or derived income or economic benefit with monetary valuables and the substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incleasing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
3. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN	a. Labor Organization	
P.O. Box, Bidg., Room No., if any 1230-1236	b. Trust	
Street MASSACHUSETTS AVENUE	c. Employer	
City BOSTON		
State Massachusetts ZIP Code + 4 02125		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$5	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.	
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
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13.b. Is the 8usiness an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing KEUIN (6TTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a b substantial part of which consists of buying from, selling or leasing to, or otherwise dealing of an employer whose employees your labor organization represents or is actively seeking (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or dealing with your labor organization or with a trust in which your labor organization is interest.	y with the business y to represent, or otherwise

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	
City BOSTON  State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money     13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) v or other thing of value.  14.a. Nature of payment.
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Trade Name, if any:	· ·
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Street	14.b. Amount of payment.

Name of Person Filing KEVIN COTTER	File Number U-
3. Held an interest in or derived income or economic benefit with monetary valuable bubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active. 2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE	a. Labor Organization b. Trust c. Employer
City BOSTON	•
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$5
State ZIP Code + 4	12.a Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12.  2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	ider parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

or Consultant

Name of Person Filing KEUIN COTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	9. Business deals with:
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., If any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	C. Employer
City BOSTON  State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
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City	11.b. Approximate dollar value of such dealing. \$5
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	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money     13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.
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B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS LOCAL 12 LABOR MANAGEMENT COOP.TR.  Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer
Street MASSACHUSETTS AVENUE	: '
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	TRUST FORMED TO FOSTER AND ENHANCE OPPORTUNITIES, EXPLORE INDUSTRY TRENDS, AND EXCHANGE INFORMATION AMONG PLUMBERS GASFITTERS AND EMPLOYERS THROUGH A JOINTLY TRUSTEED LABOR-MANAGEMENT TRUST AND FUNDED
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P.O. Box, Bldg., Room No., if any	English programming parameters between the programming the programming and the programming the
Street	11.b. Approximate dollar value of such dealing. \$2,212
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT THE MECHANICAL CONTRACTORS OF AMERICA ANNUAL CONFERENCE 2/28/04 TO 3/4/04 PURSUANT TO A VOTE OF THE TRUSTESS OF THE TRUST ACCORDING TO THE TRUST DOCUMENTS.
	12.b. Amount. \$2,212
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C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) v or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment,
13.b. Is the Business an Employer or Consultant ?	Paragram a page and a series of

Name of Person Filing KEVIN COTTER		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	i <b>S</b>
8. Name and address of Business (including trade name, if any).  Name PLUMBERS LOCAL 12 LABOR MANAGEMENT COOP.TR.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	. c Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	EXPLORE INDUSTRY AMONG PLUMBERS GA	oling.  OSTER AND ENHANCE OPPORTUNITIES, TRENDS, AND EXCHANGE INFORMATION SFITTERS AND EMPLOYERS THROUGH A LABOR-MANAGEMENT TRUST AND FUNDED
Street  City  State  ZIP Code + 4	11.b. Approximate dollar va 12.a. Nature of interest has registration fee CONTRACTORS OF AN 3/4/04	
	12.b. Amount.	\$475
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone of the following trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	ey or other thing of value.  14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymer	nt.

Name of Person Filing KEVIIV COTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	c. Employer
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	Constitution of the Consti
	11.b. Approximate dollar value of such dealing. \$4
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City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.
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C. Received from any employer (other than an employer covered und	LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  or parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  or parts A and B above) or other thing of value.
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Form LM-30 (2003)

Name of Person Filling KEVIN- COTTER	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	9. Business deals with:  A. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.		
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C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code ÷ 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	- 14.b. Amount of payment.		

Name of Person Filing KEUIN GITER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va	
substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	
Trade Name, if any:	X. a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	G. Cinployer
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
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P.O. Box, Bldg., Room No., if any	
Street	Employee the control of the control
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City (	11.b. Approximate dollar value of such dealing. \$4
State ZIP Code + 4	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.
City	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11.
City	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4
State ZIP Code + 4  C. Received from any employer (other than an employer covered und	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.  12.b. Amount. \$4  er parts A and B above) or other thing of value.

Name of Person Filing KEVIN COTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to or differwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 ANNUTTY PLAN  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 1230-1236	9. Business deals with:  a. Labor Organization  b. Trust
Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$4
City State ZIP Code + 4	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.
	12.b. Amount. \$4
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name if any	
P.O. Box, Bldg., Room No., if any	
Street	

Form LM-30 (2003)

13.b. Is the Business an Employer

City

State

	¥ ,
Name of Person Filing KEVIIV GTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., If any  Street:  City  State  ZIP Code + 4	11.a. Nature of such dealing.  PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.  11.b. Approximate dollar value of such dealing. \$4  12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.
	12.b. Amount. \$4
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	
Street	
City	

or Consultant

Name of Person Filling KEVIN COTTER	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust  c. Employer		
Street MASSACHUSETTS AVENUE	- Amployo		
City BOSTON  State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$4		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.		
	12.b. Amount, \$4		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City  State  ZIP Code + 4			
The state of the s	· ·		

or Consultant ?

13.b. Is the Business an Employer

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B. Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code +4 02125	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	11.b. Approximate dollar value of such dealing. \$5
State ZIP Code + 4	12.a. Nature of Interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	14.a. Nature of payment.
D.O. Para Pider Geometric Honey	
P.O. Box, Bldg., Room No., if any Street	
The state of the s	
City State , ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of Person	Filina

KEVIN GITTER

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1235  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	a. Labor Organization b. Trust c. Employer
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of more 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	nder parts A and B above) ney or other thing of value.  14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	KEUW	Cotter	File Number U-

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rely seeking to represent, or irectivity, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	
(10) In the second of the seco	X: a. Labor Organization
Trade Name, if any:	*****
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	c. Employer
City BOSTON	÷
State Massachusetts ZIF Code + 4 02125	·
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing, \$5
City	11.b. Approximate dollar value of such dealing, \$5  12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) y or other thing of value.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) y or other thing of value.  14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) y or other thing of value.  14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	er parts A and B above) y or other thing of value.  14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	er parts A and B above) y or other thing of value.  14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) y or other thing of value.  14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	er parts A and B above) y or other thing of value.  14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) y or other thing of value.  14.a. Nature of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	B. Business deats with:		
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer		
Street MASSACHUSETTS AVENUE			
City BOSTON	•		
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	i1.a. Nature of such dealing.		
. The property of the seasy of the season of	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$5		
The Control of the Co	12.a. Nature of interest held or income received.		
State ZIP Gode + 4	LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004.		
	12.b. Amount. \$5		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZiP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
10.0. 15 the Dushiess an Employer of Obrioditation 1			

Name	of	Person	Filing
1101110	v	1 010013	1 1800 154

KEVIN	COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE State Massachusetts ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name : EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004. State C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4

14.b. Amount of payment

or Consultant

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	9. Business deals with:  a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	11.a. Nature of such dealing.  PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5  12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF JUNE 22, 2004.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount. \$5
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment
13.b. Is the Business an Employer or Consultant?	

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KEVIN GITTER

File Number U-

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B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectiv to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code +4 02125	a. Labor Organization b. Trust c. Employer
	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$5
City State ZIP Code + 4	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	der parts A and B above) y or other thing of value.  14.a. Nature of payment.
	- 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filing KEUIN GTTER	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	9. Business deals with:  A a. Labor Organization		
P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code +4 02125	b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.		
P.O. Box, Bidg., Room No., if any Street City	11.b. Approximate dollar value of such dealing. \$5.  12.a. Nature of interest held or income received.		
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.		
	12.b. Amount. \$5		
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	ider parts A and B above) ey or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code +4			

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or Consultant

B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the dusiness ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (Including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:  X a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED  EMPLOYEE BENEFIT PLAN.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mor 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. \$5  Inder parts A and B above) Iney or other thing of value.  14.a. Nature of payment.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	
City  State  ZIP Code + 4  13.b. Is the Business an Employer or Consultan: ?	14.b. Amount of payment.

or Consultant

Name	of	Person	Filing
1421110	v	1 613011	1 110113

- KEVIN COTTER

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	9. Business deals with:  X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. \$5
City State ZIP Code + 4	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	der parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
42 h In the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filing
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B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indideating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE	c. Employer
Oil. DOSTON	
State Massachusetts ZIP Code +4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, If any:  P.O. Box, Bldg., Room No., if any	
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City	11.b. Approximate dollar value of such dealing. \$5  12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	1 '
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	*   · · · · · · · · · · · · · · · · · ·
Street	
City  State  ZIP Code ÷ 4	The committee when the committee when the committee when the committee of
13.b. Is the Business an timployer or Consultant?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization.	se dealing with the business by seeking to represent, or ectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN  Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	
State Massachusetts ZIP Code + 4 02125	,
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Annual Company of the
Street	11.b. Approximate dollar value of such dealing. \$5
City State ZIP Code + 4	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwis of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly with your labor organization or with a trust in which your labor organization.	se dealing with the business ly seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	
Name - 200 Marie -	a, Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	
Annual property and the second	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
come and an explainable of the second second control of the contro	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
Name	EMPLOYEE BENEFIT PLAN.
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P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14,
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ler parts A and B above) y or other thing of value.  14.a. Nature of payment.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City	

Name of	Person	Filing
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KEUIN COTTER

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8, Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN X. a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name	of	Person	Filing
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substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or ireally to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN	X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	o, ciriployer
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone of the second street of the second str	ey or other thing of value.  14.a. Nature of payment.
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	TW - A lab as Osmanlandian
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	
State Massachusetts ZIP Code + 4 02125	, :
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, 2004.
	12.b. Amount. \$5.
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.  14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	1 '
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	Name	of	Person	Filina
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3. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwist an employer whose employees your labor organization represents or is active an employer which consists of buying from or selling or leasing directly or indirectly or i	se dealing with the business ly seeking to represent, or ectly to, or otherwise
B. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$3
City	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16,
State ZIP Code + 4	2004.
	12.b. Amount. \$3
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	der parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name:	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street City	
State ZIP Code ÷ 4	
13.b. Is the Business an Employer or Consultant ?	. 14.b. Amount of payment.

or Consultant

Name	of	Person	Filing
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KEVIN GITTER

substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business By seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN  Trade Name, if any:	a, Labor Organization	
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust	
Street MASSACHUSETTS AVENUE	c. Employer	
City BOSTON  State Massachusetts ZIP Code + 4 02125	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	·
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY EMPLOYEE BENEFIT PLAN.	BARGAINED
Street	11.b. Approximate dollar value of such dealing.	\$3
City State ZIP Code + 4	12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING 2004.	OF NOVEMBER 16,
	12.b. Amount.	\$3
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	14.a. Nature of payment.	
StreetCity	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
State ZIP Code + 4	A STATE OF THE STA	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary valusubstantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization.	se dealing with the business ely seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1230-1236  Street MASSACHUSETTS AVENUE  City BOSTON  State Massachusetts JZIP Code + 4 02125	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
Name	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED BMPLOYEE BENEFIT PLAN.
P.O. Box, Bldg., Room No., if any Street	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5  12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, 2004.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$5 er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing KEUIN GTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or Irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 1230-1236  Street MASSACRUSETTS AVENUE  City BOSTON  State Massachusetts ZIP Code + 4 02125	9. Business deals with:  a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.  11.b. Approximate dollar value of such dealing. \$5  12.a. Nature of interest held or income received.  LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, 2004.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.5. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name of Person Filing KEUIN GTTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organiz	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	
State Massachusetts ZIP Code +4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14,
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	12.b. Amount. \$5
	Allowed Delegan
<ul> <li>Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mon</li> </ul>	ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
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Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
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13.b. Is the Business an Employer

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